



Patents
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Application of:
A. Bart Flick

Serial No.
09/613,961

Filed:
July 11, 2000

For:
**Multilayer Laminate Wound
Dressing**

Art Unit: **3761**

REQUEST TO CORRECT FILING RECEIPT

Assistant Commissioner for Patents
Washington, DC 20231
Attn: Application Processing Division's Customer Correction Branch

Sir:

Attached is a copy of the official filing receipt received from the U.S. Patent and Trademark Office in the above application for which issuance of a corrected filing receipt is respectfully requested.

The information listed on the official filing receipt is incorrect. For your convenience, we have attached a copy of the official filing receipt where we have indicated in red ink the correction that needs to be made to the Attorney Docket Number.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks, Washington, DC 20231 on
May 7, 2001.

Cheryl L. Huseman

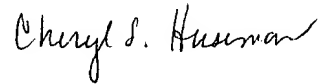
Cheryl L. Huseman, Reg. No. 45,392

Receipt
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Request To Correct Filing Receipt
Applicant: A. Bart Flick
Application Serial No. 09/613,961
Page 2 of 2

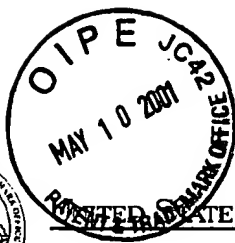
Accordingly, the PTO is requested to issue a Corrected Filing Receipt.

Respectfully submitted,



By: Cheryl L. Huseman, Esq.
Reg. No. 45,392

KILPATRICK STOCKTON LLP
2400 Monarch Tower
3424 Peachtree Road, N.E.
Atlanta, Georgia 30326
404-949-3999
KS#: 43321-221206
Our Docket: 06772-0110



UNITED STATES PATENT AND TRADEMARK OFFICE

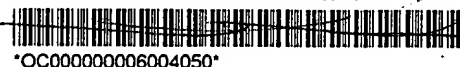
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/613,961	07/11/2000	3761	420	06772-0101 <i>0110</i>	20	19	3

Cheryl L. Huseman, Esq.
 JONES & ASKEW, LLP
 2400 Monarch Tower
 3424 Peachtree Road, N.E.
 Atlanta, GA 30326

CONFIRMATION NO. 1541

UPDATED FILING RECEIPT



OC00000006004050

Should be:
06772-0110

Date Mailed: 04/25/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

A. Bart Flick, Lakemont, GA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 08/935,026 09/22/1997 PAT 6,087,549

Foreign Applications

If Required, Foreign Filing License Granted 08/29/2000

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ******Title**

Multilayer conductive appliance having wound healing and analgesic properties

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APR 30 2001

Preliminary Class
602

Data entry by : WOLDEYES, TEGUEST

Team : OIPE

Date: 04/25/2001





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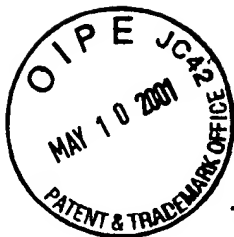
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Bib Data Sheet

CONFIRMATION NO. 1541

SERIAL NUMBER 09/613,961	FILING DATE 07/11/2000 RULE	CLASS 602	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 06772-0110
APPLICANTS A. Bart Flick, Lakemont, GA; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/935,026 09/22/1997 PAT 6,087,549 ** FOREIGN APPLICATIONS ***** <i>Nam L</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 20	TOTAL CLAIMS 19
INDEPENDENT CLAIMS 3				
ADDRESS Cheryl L. Huseman, Esq. JONES & ASKEW, LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, GA 30326				
TITLE Multilayer conductive appliance having wound healing and analgesic properties				
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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